

File

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 0 1 0 0 3	2. STATE: MA
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX		

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2001
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
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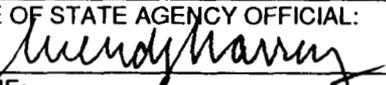
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same
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10. SUBJECT OF AMENDMENT:

Standards for Optional State Supplementary

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 Not required under 42 CFR 430.12(b)(2)(i)
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Bridget Landers Coordinator for State Plan Division of Medical Assistance 600 Washington Street Boston, MA 02111
13. TYPED NAME: Wendy E. Warring	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 30, 2001	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 30, 2001	18. DATE APPROVED:
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2001	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations
21. TYPED NAME: Ronald Preston	

23. REMARKS:

STATE: MASSACHUSETTS
Standards for Optional State Supplementary

PAYMENT CATEGORY	ADMINISTERED BY		INCOME LEVEL				INCOME DISREGARD	
	(1)	(2)	(3)		(4)			(5)
Reasonable Classification	Federal	State	Gross		Net			
AGED	INDIVIDUAL		INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	DISREGARD	
Full Cost of Living Expenses	530.00	128.82	1402.64	2080.44	658.82	997.72	First \$20 unearned income* First \$65 earned income and 1/2 remaining earned income	
Shared Living Expenses	530.00	39.26	1223.52	2080.44	569.26	997.72		
Household of Another	353.34	104.36	1000.40	1577.96	457.70	746.48		
Rest Home	530.00	293.00	1731.00	-----	823.00	-----		
Nursing Facility	30.00	35.00	215.00	345.00	65.00	130.00		
Assisted Living	530.00	454.00	2053.00	3039.00	984.00	1477.00		
DISABLED	INDIVIDUAL		INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE		
Full Cost of Living Expenses	530.00	114.39	1373.78	2037.12	644.39	976.06		
Shared Living Expenses	530.00	30.40	1205.80	2037.12	560.40	976.06		
Household of Another	353.34	87.58	966.84	1534.72	440.92	724.86		
Rest Home	530.00	293.00	1731.00	-----	823.00	-----		
Nursing Facility	30.00	35.00	215.00	345.00	65.00	130.00		
Assisted Living	530.00	454.00	2053.00	3039.00	984.00	1477.00		
BLIND	INDIVIDUAL		INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE		
Full Cost of Living Expenses	530.00	149.74	1444.48	2803.96	679.74	1359.48		
Shared Living Expenses	530.00	149.74	1444.48	2803.96	679.74	1359.48		
Household of Another	353.34	326.40	1444.48	2803.96	679.74	1359.48		
Rest Home	530.00	149.74	1444.48	-----	679.74	-----		
Nursing Facility	30.00	35.00	215.00	345.00	65.00	130.00		
Assisted Living	530.00	454.00	2053.00	3039.00	984.00	1477.00		

* If no unearned income, or less than \$20.00 this is deducted from earned income.
For Title XIX purposes, the limit is subject to the 300% cap, or \$ 1590.